

CSHCS ALERT #3-2014 - New Guidance Manual has been posted on web
Tue 2/18/2014

Good News! The Guidance Manual (GM) has finally been updated again. Things were happening so fast that every time we thought we were ready something else had changed.

The updated Guidance Manual has been posted to the website. The spreadsheet that draws your attention to the pertinent changes is attached.

I want to draw you attention to one technical change for clarification purposes that was made in the Medicaid Policy Manual. We discovered that providers were misinterpreting the policy about covering anesthesia for certain clients when non-covered dental procedures were administered in a hospital type of setting to mean that we would also cover the dental care. I have since discovered that the belief that we also authorize the dentist to cover the procedure has been the misunderstanding by Central office and LHD staff alike. So this message gives me the chance to clarify that issue.

In fact, when a child does not have the kind of diagnosis that CSHCS covers for general dental care AND there is a need for the child to be served in a facility with anesthesia, we only cover the cost of the anesthesia and facility. CSHCS does NOT cover the dental procedure itself. Therefore, we cannot also authorize the dentist under these circumstances.

You can review the clarification to the policy "NOTE" in the policy manual or in the latest GM that has been posted. The language is as follows and you can find it in the GM-subsection 12.1-A General Dental Benefits toward the bottom:

NOTE: Hospital charges (e.g., general anesthesia, facility charges, etc.) may be covered for dental services provided through the inpatient or outpatient hospital facility for beneficiaries with certain CSHCS diagnoses even though CSHCS does not cover the dental care itself.

Please contact Karla McCandless with any questions or concerns. Thanks.

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